This form is approved by the Supreme Court of Illinois and is required to be used.

Instructions ▼	
Check the box to the right if your appeal involves custody, visitation, or removal of a child.	☐ **THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).**
Enter the Supreme Court case number if one has been assigned.	**Case No.:** _____

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**IN THE
SUPREME COURT OF ILLINOIS**

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If the case name in the trial and/or appellate court began with "In re" (e.g., "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the trial/appellate court, and check the correct boxes to show which party filed the appeal in the Supreme Court ("appellant") and which party is responding to the appeal ("appellee").	**In re** _____ _____ **Plaintiff/Petitioner** in trial court *(First, middle, last names)* ☐ **Appellant** ☐ **Appellee** v. _____ **Defendant/Respondent** in trial court *(First, middle, last names)* ☐ **Appellant** ☐ **Appellee**	**Appeal from the Appellate Court,** _____ **District No.** _____ **Appeal from the Circuit Court of** _____ **County** **Trial Court Case No.:** _____ **Honorable** _____ **Judge, Presiding**
To the far right, enter the number of the appellate district, appellate court case number, trial court county, trial court case number, and trial judge's name.		

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**APPLICATION FOR WAIVER OF COURT FEES
(SUPREME COURT)**

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In **1a**, enter your full name. **If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.**	1. **I am providing the following information about myself:**
	   a. Name: _____
	                 First *Middle* *Last*

In **1b**, only enter the year you were born. **DO NOT** enter your entire date of birth.	b. Year of Birth: _____
	   c. Street Address: _____
	        City, State, ZIP: _____
	   d. I cannot afford to pay the court fees in this case.
	   e. Email address: _____ Telephone number: _____

In **1c**, enter your complete current address.	

In **2**, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your *Application* will be rejected.	2. **I am currently incarcerated.** ☐ Yes ☐ No If yes, inmate I.D. # _____
	
	   If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.
	
	   If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.

In **3a**, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.

In **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in **4**, skip **5** and sign below.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **5c**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

In **5d**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

3. **I am providing the following information about people who live with me:**
   a. I support _____ adults *(not counting myself)* who live with me.
   b. I support _____ children under 18 who live with me.

4. **I have received 1 or more of the benefits listed below in the past 4 weeks:**

   ☐ Yes   ☐ No
   - Supplemental Security Income (SSI) (Not Social Security)
   - Aid to the Aged, Blind and Disabled (AABD)
   - Temporary Assistance to Needy Families (TANF)
   - State Children & Family Assistance
   - Food Stamps (SNAP)
   - General Assistance (GA)
   - Transitional Assistance

   If you answered "Yes" in section 4, skip section 5 and sign below.

5. **I checked "No" in section 4, so I am providing the following financial information:**
   a. I have applied for 1 or more of the benefits listed in section 4:
      ☐ Yes   ☐ No

   b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*
      ☐ My employment: $_____   ☐ Other people's employment: $_____
      ☐ Child support: $_____   ☐ Social Security (not SSI): $_____
      ☐ Pension: $_____   ☐ Unemployment: $_____
      ☐ Other *(list type and amount)*: _____ $_____
      ☐ No income
      Total of all money received: $_____

   c. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*
      ☐ Rent: $_____ per month
      ☐ Home Mortgage: $_____ per month
      ☐ Other Mortgage: $_____ per month
      ☐ Utilities: $_____ per month
      ☐ Food: $_____ per month
      ☐ Medical: $_____ per month
      ☐ Car Loan: $_____ per month
      ☐ Other *(list type and amount)*: _____ $_____ per month
      ☐ I have no expenses
      Total of all expenses: $_____

   d. I have the belongings listed below. This includes the belongings of the people I support who live with me. *(check all that apply)*
      ☐ Bank accounts and cash totaling: $_____
      ☐ Home real estate, worth: $_____
          The total I owe on my home mortgage is: $_____
      ☐ Other real estate, not including the house I live in, worth: $_____
          The total I owe on my other mortgage is: $_____

☐ 1st vehicle worth: $ _____   The 1st vehicle is paid off: ☐ Yes ☐ No

☐ 2nd vehicle worth: $ _____   The 2nd vehicle is paid ☐ Yes ☐ No

☐ Other *(list items and value)*: _____ $ _____

☐ None of the above

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.	**I certify that everything in the *Application for Waiver of Court Fees (Supreme Court)* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.**

I certify that everything in the *Application for Waiver of Court Fees (Supreme Court)* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

The person who filled out this form must sign it. If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

/s/
_____   _____
Your Signature   *Street Address*

_____   _____
Print Your Name   *City, State, ZIP*

_____   _____
Relationship to Minor or Incompetent   *Telephone*
Adult (if applicable)

If you are filling out this form for a minor or an incompetent adult, state your relationship.

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

☐   I agree to receive court documents at this email address during my entire case.

_____
Email